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Hand-motor dysfunction in depression: characteristics and pharmacological effects.

Mergl R, Pogarell O, Juckel G, Rihl J, Henkel V, Frodl T, Muller-Siecheneder F, Karner M, Tigges P, Schroter A, Hegel U.

Dept. of Psychiatry, University Leipzig, Germany.
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Motor retardation is a relevant aspect of depression. Kinematic analysis of movements can be applied to explore which type of motor dysfunction is associated with depression and to examine motor side effects of antidepressants. Using this tool, we aimed to investigate fine motor performance in patients suffering from depression and to compare a selective noradrenaline re-uptake inhibitor (NARI) (reboxetine) and a selective serotonin reuptake inhibitor (SSRI) (citalopram) regarding motor side effects after 4 weeks of treatment. In the first study (I), we examined 37 depressed patients and 37 healthy subjects using a digitizing graphic tablet and kinematic analysis of handwriting and rapid drawing movements. Both groups were comparable regarding age, gender distribution, handedness (preponderance of right-handers) and educational level. In the second study (II), we examined different types of hand movements in 16 depressed patients receiving citalopram (flexible dosage) and 12 depressed patients treated with reboxetine (varying dosage) using the afore-mentioned methods. Both groups were comparable regarding age, gender, handedness and the baseline Hamilton Depression Rating Scale total score. I: Depressed patients performed drawing with significantly less regular velocity than controls ($p < 0.001$), but normal velocity. Handwriting of depressed patients was abnormally slow ($p = 0.04$). II: Reboxetine led to a significant improvement of repetitive drawing movements in depression. In contrast, citalopram had no pronounced effects on hand movements in depressed patients. I: Irregular patterns of velocity peaks in depressed patients point to basal ganglia dysfunction and/or deficient activity of the sensorimotor cortex and the supplementary motor area as possible substrates of hand-motor disturbances in depression. II: Computer-aided analysis of hand movements is a sensitive tool for the registration of differential pharmaceutical effects

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Differential effects of reboxetine and citalopram on hand-motor function in patients suffering from major depression. *Psychopharmacology (Berl)*. 2005]

Kinematical analysis of handwriting movements in depressed patients. *Acta Psychiatrica Scand*. 2004]

The impact of tricyclic antidepressants and selective serotonin re-uptake inhibitors on handwriting movements of patients with depression. *Psychopharmacology (Berl)*. 2002]


Kinematic analysis of handwriting movements in patients with obsessive-compulsive disorder. *Psychiatry*. 2001]

Prediction of the response to citalopram and reboxetine in post-stroke depressed patients. *Psychopharmacology (Berl)*. 2004]

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Links
J Neu Neurosur Psy

Kinematic analysis of handwriting movements in patients with obsessive-compulsive disorder.

Mavrogiorgou P, Mergl R, Tigges P, El Hussein J, Schroter A, Juckel G, Zaudig M, Hegerl U.

Laboratory of Clinical Neurophysiology and Outpatient Clinic for Obsessive-Compulsive Disorder, Department of Psychiatry, Ludwig-Maximilians-Universitat Munchen, Nussbaumstrasse 7, D-80336 Munchen, Germany.

OBJECTIVES: Basal ganglia dysfunction is supposed to play a part in the pathophysiology of obsessive-compulsive disorder (OCD). A new computer aided technique for the analysis of hand movements, allowing the detection of subtle motor performance abnormalities, was applied in this study of patients with OCD and healthy controls. **METHODS:** Using a digitising graphic tablet, hand motor performance was studied in 22 unmedicated patients with OCD and compared with 22 healthy controls. All subjects drew superimposed concentric circles with both the right and the left hand, in addition to writing a given sentence, their personal signature, and letter sequences in four different sizes. Kinematic parameters were calculated to quantify hand motion. **RESULTS:** Patients with OCD had significant impairments of handwriting performance, reflected by lower peak velocity (sentence $t=3.6$; $p=0.001$; signature $t=2.8$; $p=0.01$) and micrographia (sentence $t=3.4$; $p=0.002$; signature $t=2.5$; $p=0.02$), compared with controls and shortened acceleration phases per stroke (sentence $t=2.4$; $p=0.02$; signature $t=4.1$; $p=0.000$). By contrast, in repetitive drawing, patients with OCD had higher peak velocity than healthy controls (group x task interaction $p<0.01$). There were no significant differences in left and right hand performance between groups. Patients with early versus late age of onset differed in handwriting parameters, such as handwriting consistency. Greater severity of obsessions and compulsions correlated with increasingly poor handwriting performance in patients with OCD. **CONCLUSIONS:** A subtle motor dysfunction in OCD can be detected with a digitising tablet. The findings show handwriting impairments in patients with OCD, in line with the assumption that basal ganglia dysfunction is part of OCD pathophysiology. Repetitive motor pattern performance was not impaired, but rather tended to

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Can a subgroup of OCD patients with motor abnormalities and poor therapeutic response be identified? [Psychopharmacology (Berl). 2005]

Effects of sertraline on kinematic aspects of hand movements in patients with obsessive-compulsive disorder. [Psychopharmacology (Berl). 2004]

Clinical subtypes of obsessive-compulsive disorder based on the presence of checking and washing compulsions. [Rev Bras Psiquiatr. 2005]

Orbitofrontal cortex dysfunction in obsessive-compulsive disorder? II. Olfactory quality discrimination in obsessive-compulsive disorder. [Rev Neuropsychiatr. 1999]

Kinematical analysis of emotionally induced facial expressions in patients with obsessive-compulsive disorder. [Psychol Med. 2003]

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be even better in patients with OCD than in controls. The findings also support the concept that patients with OCD with early versus late age of onset differ in pathophysiological mechanisms and basal ganglia dysfunction.

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Links
J Neurol Neurosurg Psychiatry

Kinematical analysis of emotionally induced facial expressions: a novel tool to investigate hypomimia in patients suffering from depression.

Mergl R, Mavrogiorgou P, Hegerl U, Juckel G.

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OBJECTIVE: A novel technique for the kinematic analysis of emotionally induced facial expressions was applied to detect subtle mimic dysfunction in patients with depression. **METHODS:** Using ultrasound markers at certain points on the face, facial movements were exactly measured while subjects watched a witty sketch ("Mr Bean"). Twenty five medicated patients with depression (11 men, 14 women; mean age, 55.8 years; mean total Hamilton Depression Rating Scale score, 17.1) and 25 healthy controls, matched by sex distribution and handedness, were studied. **RESULTS:** Depressed patients were characterised by abnormally slow velocity at the beginning of laughing and voluntary facial movements, in addition to reduced laughing frequency. A higher severity of symptoms of depression was significantly associated with slow initial velocity of laughing movements of the left mouth angle ($r = -0.45$). **CONCLUSION:** The execution of voluntary and non-voluntary facial movements is abnormally slow in depressed patients, reflecting hypomimia. This mimic slowing is closely associated with the severity of depression. The response of depressed patients to emotional stimuli is also abnormally low, but emotional estimation of the stimuli is similar to normals. This pattern parallels the motor-emotional features known from patients with Parkinson's disease.

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